



Warrior Transition Command Information Briefing



to 2011 AMEDD Pre-Command Course

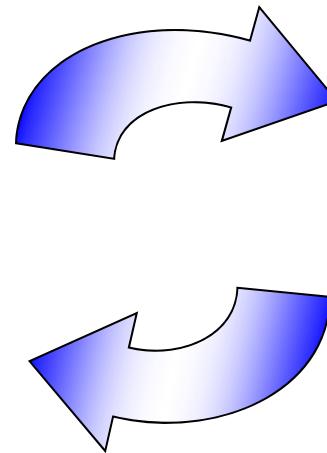
22 February 2011

“Soldier Success Through Focused Commitment”

Valley Forge General Hospital, Phoenixville, PA



Wakeman General Hospital, Camp Atterbury, IN



BG Darryl Williams, Commander, Warrior Transition Command

“Never Leave a Fallen Comrade!”

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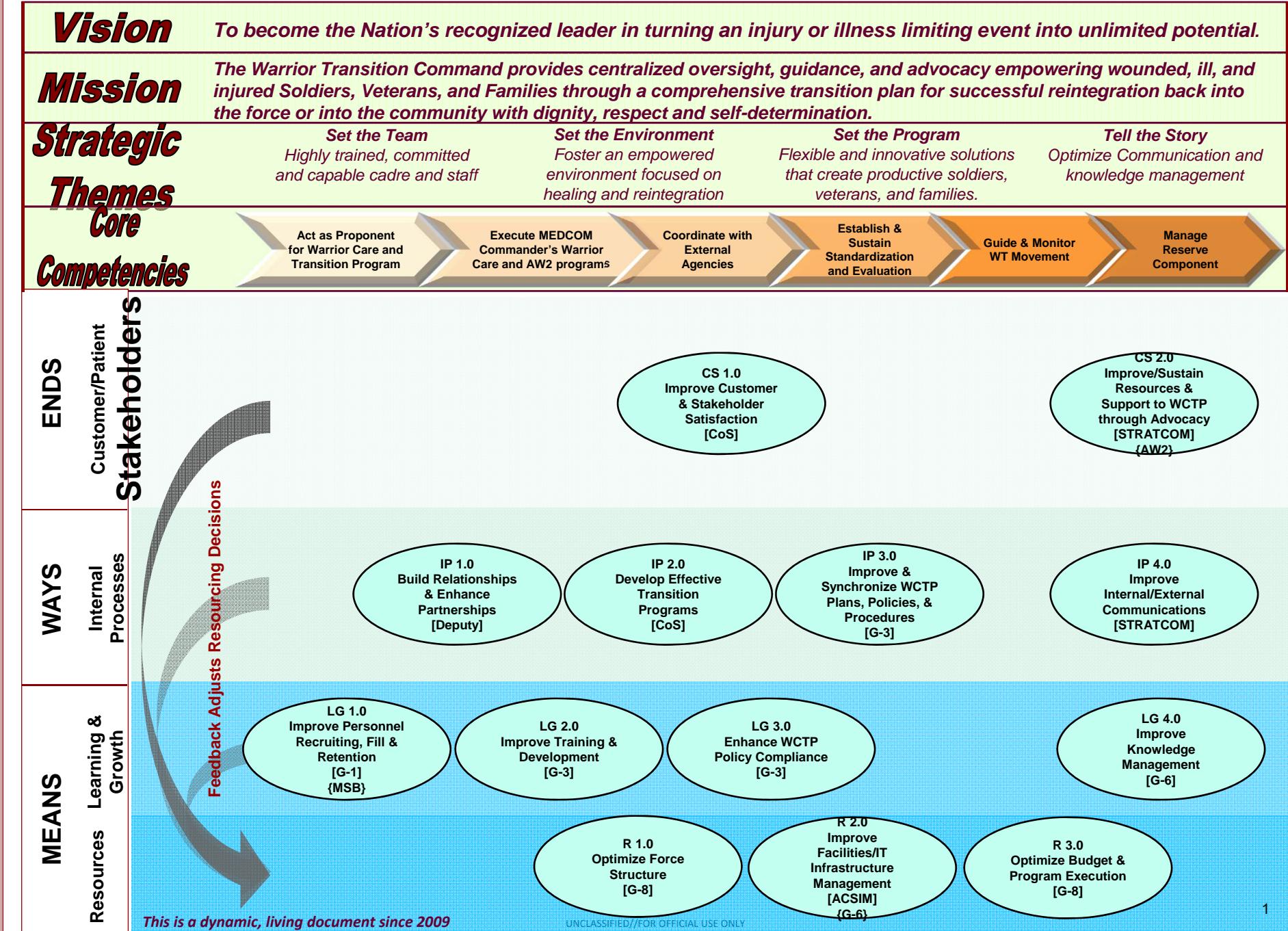
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Warrior Transition Command Strategy Map December 2010





WTUs in the Media

"Drugged to Death"
Army Times
31 May 2010

"Feeling Warehoused in Army Trauma Care Units"
New York Times
25 April 2010

"Some Wounded Soldiers More Likely to be Punished"
AP Associated Press
10 March 2009

Independent COLORADO SPRINGS



SCREWED
again

The Army's wounded-soldier repair job doesn't always pass inspection at Fort Carson 19

By Anthony Lane

"Soldiers Face Neglect, Frustration at Army's Top Medical Facility"
Washington Post
18 February 2007

"Documents show Army's disservice to Broken Soldiers"

PITTSBURGH TRIBUNE REVIEW

6 February 2011

"Military Leaders AWOL on Warrior Transition Units"
Seattle Times
4 May 2010

"Soldiers: Mold Infests Oklahoma Barracks for Wounded"

USA TODAY

18 August 2008

"You could write this story about any of our 29 Warrior Transition Units"
GEN Chiarelli, VCSA, 3 May 2010

"Never Leave a Fallen Comrade!"

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Wounded Warrior Stakeholders



White House

Director of Veterans and Wounded Warrior Policy

Congress

- Senate Armed Service Committee
- House Armed Service Committee
- Senate Appropriations Committee-Defense
- House Appropriations Committee-Defense

OSD

- Senior Oversight Committee
- Wounded Warrior Care and Transition Policy
- JTF CAPMED

Veterans Affairs

- Veterans Health Administration
- Veterans Benefits Administration
- Federal Recovery Coordinators
- Polytrauma Centers

Joint Staff

- Special Assistant to CJCS for Warrior and Family Support

Army

- Warrior Transition Command

Navy

- Safe Harbor

USMC

- Wounded Warrior Regiment

Air Force

- Wounded Warrior Program

SOCOM

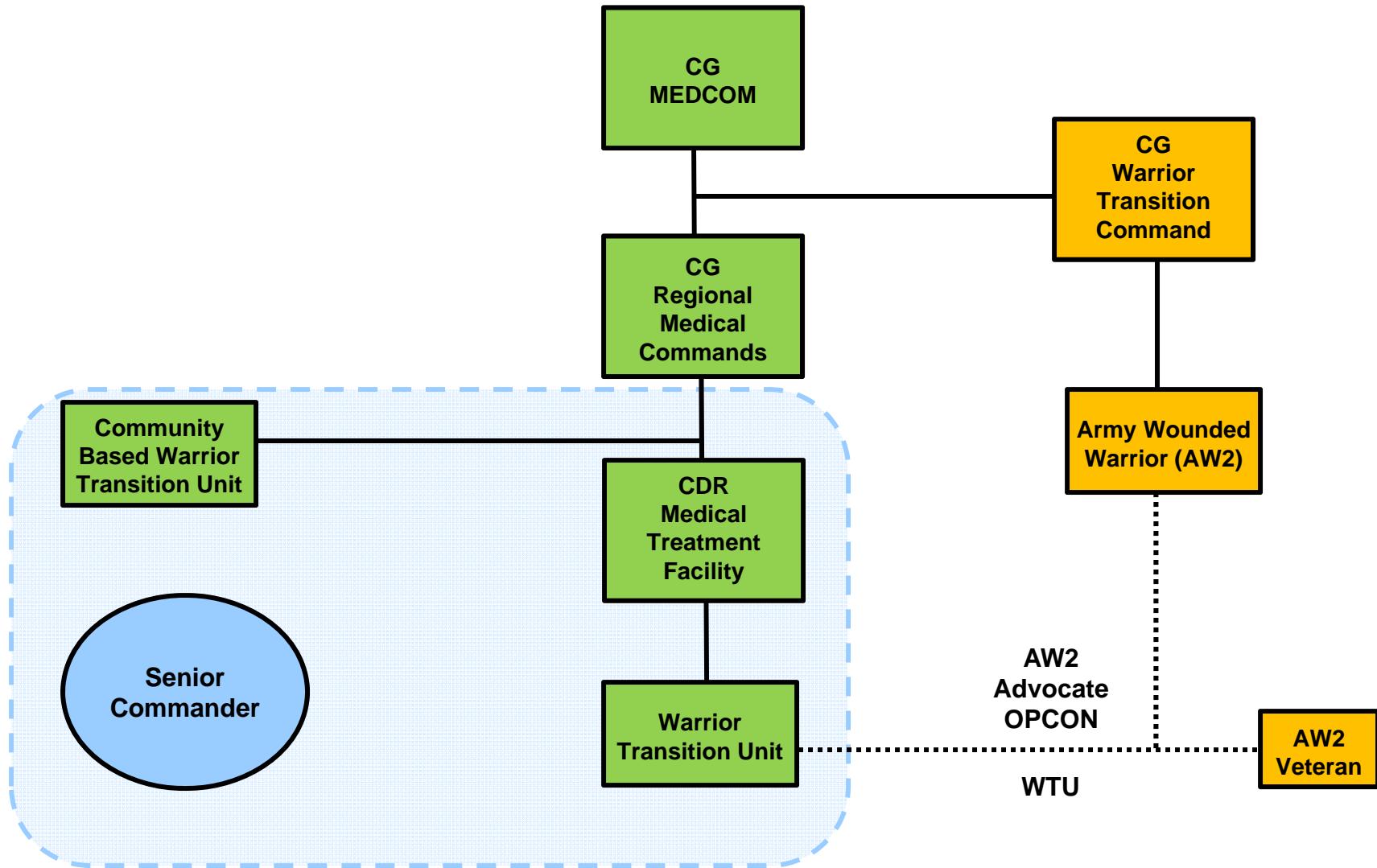
- Care Coalition

Nonprofit Organizations

Veteran Support Organizations



Warrior Transition Unit Command Structure



Those We Serve...



- COL Greg Gadson practices walking with his new prosthetic knees while his son, Jaelen, looks on.
- COL Gadson was severely injured by an IED in Iraq.
- Continuing on active duty, he has been a tireless policy advocate for Soldiers testifying before Congress about ways of meeting the challenges faced by Wounded Warriors.



- Wounded Warrior takes command of the Warrior Transition Battalion at Fort Lewis.
- LTC Danny Dudek refused to let the roadside bomb that paralyzed him end his career.
- His journey through the Army medical system gives him a clear insight into what can be improved.
- “I keep hearing that I inspire people,” said LTC Dudek, “but I’m just trying to get through the day.”



- CPT Dan Luckett lost both his feet to an EFP in Iraq.
- He continues to serve as an Infantry officer in the 2d Brigade Combat Team, 101st Airborne Division (Air Assault).
- In this photo he leads a unit run.
- In CPT Luckett’s words, “If you work hard enough and truly apply yourself there is very little that is going to limit you.”
- From day one, CPT Luckett simply knew he had one goal – to return to duty and continue to serve as an Infantry officer.



- SGT Kortney Clemons lost his leg in Iraq while helping evacuate a wounded buddy
- In 2007, he was the first Iraq war veteran to qualify for the U.S. Paralympic Team in both Powerlifting and Track
- SGT Clemons is currently enrolled in the Army Wounded Warrior Education Initiative where he is working on his Masters degree at the University of Kansas.





WTU/CBWTU Population over Time

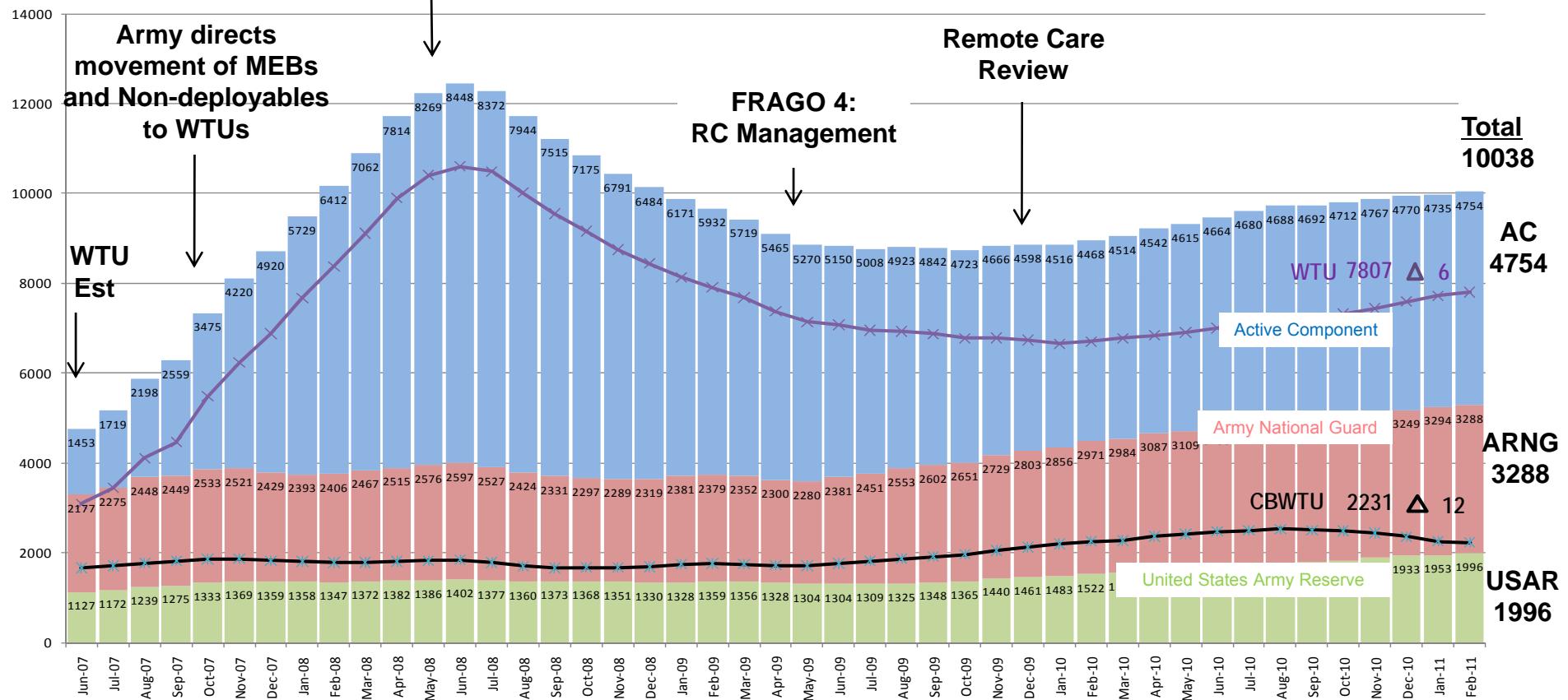
(Data from MODS WT 14 February 2011)



FRAGO 3: Entrance Criteria

Remote Care Review

FRAGO 4: RC Management



Ensure clinicians understand and determine Medical Retention Decision Point for Warriors in Transition

The MRDP will be made within **one-year of being diagnosed** with a medical condition that does **not appear to meet medical retention standards**, may be made earlier if the examiner determines that the member will not be capable of returning to duty within one-year.

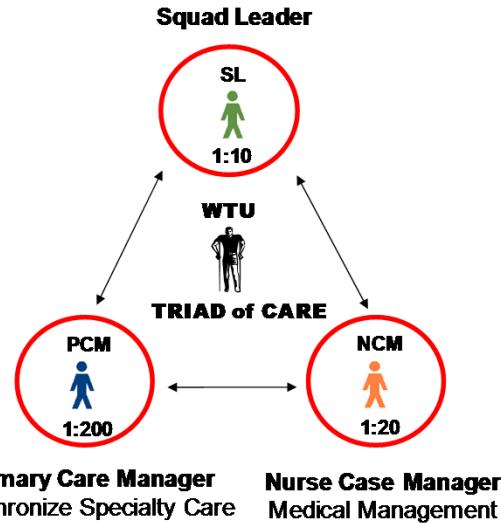
“Never Leave a Fallen Comrade!”

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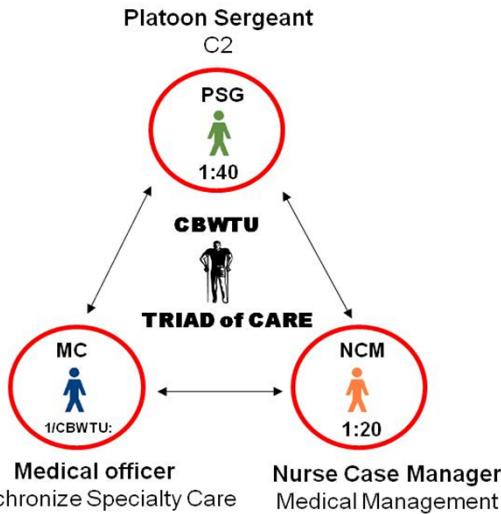
Warrior Transition Unit (WTU) and Community Based WTU



Warrior Transition Unit



Community Based WTU



- For all components
- Traditional Chain of Command
(Squad Leader - Battalion Commander)
- Focused “Triad of Care” for each Soldier
- Army Wounded Warrior (AW2) Advocate for most seriously injured
- Best facilities on post; priority medical care
- Dedicated Family Support
 - Family Readiness Support Assistant (FRSA)
 - Soldier Family Assistance Center (SFAC)

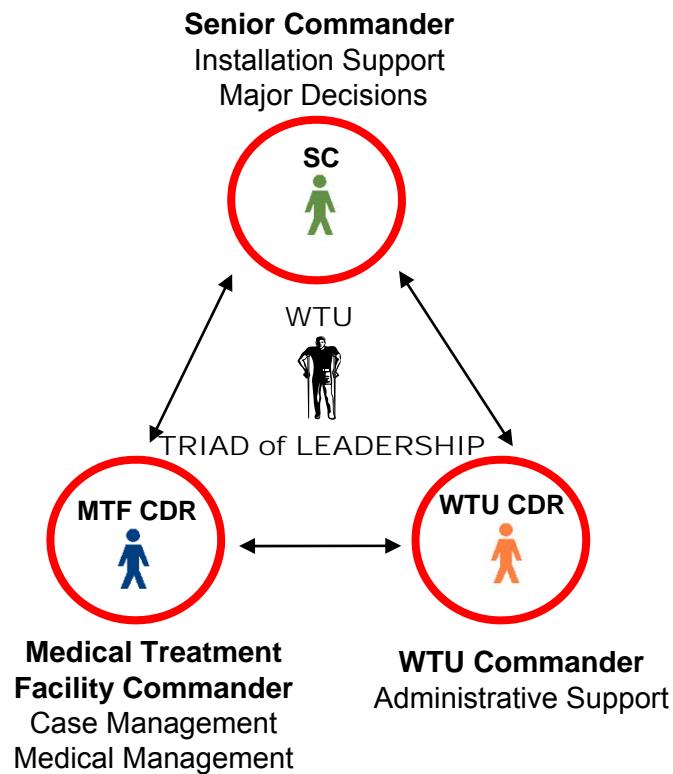
“Never Leave a Fallen Comrade!”

- Primarily for Reserve Component Soldiers
- Modified Chain of Command
(PSG - LTC)
- Focused “Triad of Care” for each Soldier
 - Live at home; medical care available CBWTU allows wounded, ill, and injured Soldiers to heal at home
 - Duty at approved Title 10 duty site
 - Dedicated Family Support
 - Virtual Soldier Family Assistance Center (VSFAC)

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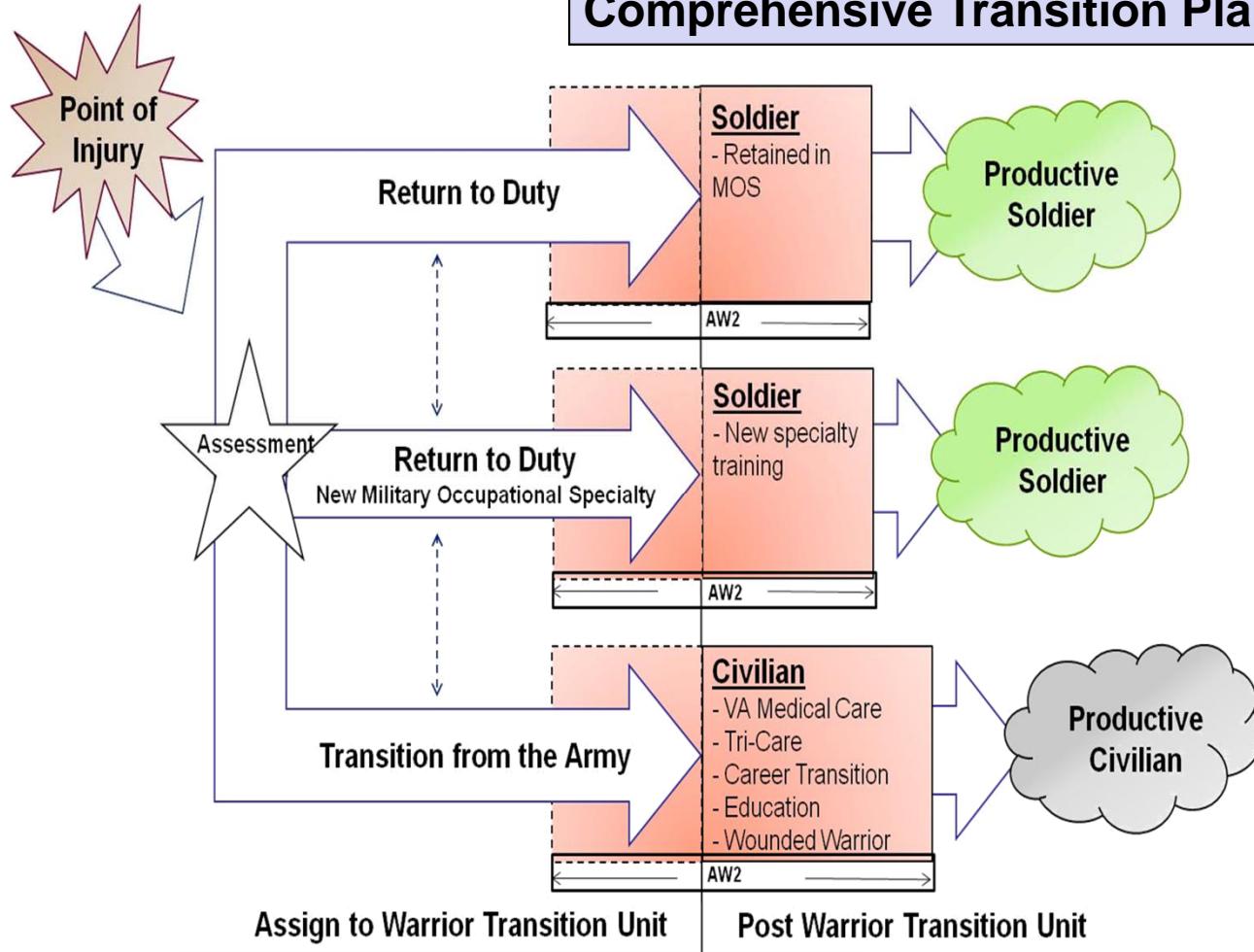
The Triad of Leadership

- Leadership center gravity responsible for meeting the intent of the WCTP DA EXORDs and FRAGOs
- Decision on assignment, reassignment, and exit from WTU
- Approve all cadre to include BN/CO commanders
- Chapter separations



Army Rehabilitation and Transition

“Focus on the future; not disability”



- Number One Priority
- Focuses on the future
- Goal setting
- CTP Scrimmage
- Weekly assessments
- Cdr's reports

Phases of the CTP

1. Reception/Intake
2. Assessment
3. Goal Setting
4. Rehabilitation
5. Pre-Transition
6. Post-Transition

NDAA08: The CTP meets the intent of NDAA08 and exceeds the requirements of the DoD Recovery Coordination Program by identifying seriously wounded, injured, and ill Soldiers and their Families with severe needs and collectively maps out a path of recovery for the Soldier and Family.



Family Support Module



- Module in support of the Comprehensive Transition Plan
- Early involvement and investment of families is critical
- Initial interview should reveal services that the Soldier and Family needs
- Increased Social Workers exposure for Soldiers and Families

Programs for the Families of Wounded Warriors



Soldier Family Assistance Center (SFAC) Services

- SFACs at all WTUs
- Military Entitlements and Benefits
- Information and Referral
- Education services
- Social Services (substance abuse information and referral for Family members, financial counseling)
- Education counseling
- Child and Youth (on-site child care and School Liaison services)
- Transition/Employment (job search, career counseling, referral to Dept of Labor)
- Donations Management
- Serve as a conduit to federal and nonfederal support agencies



Army Wounded Warrior (AW2) Program

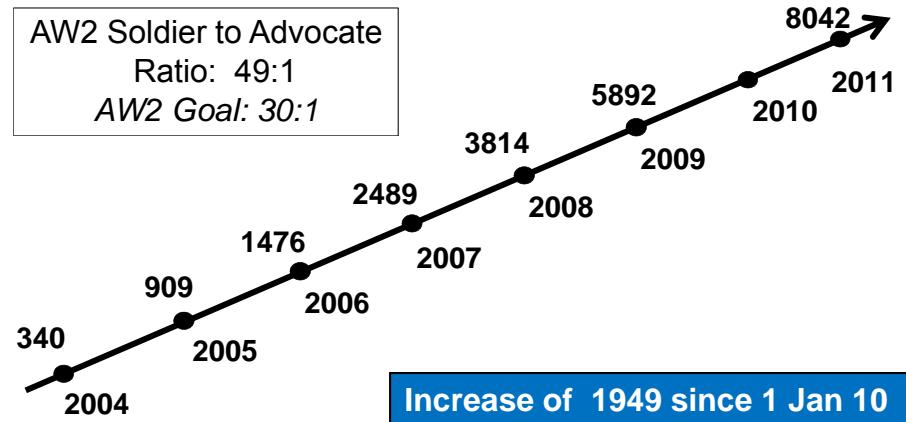


Army Wounded Warrior Program

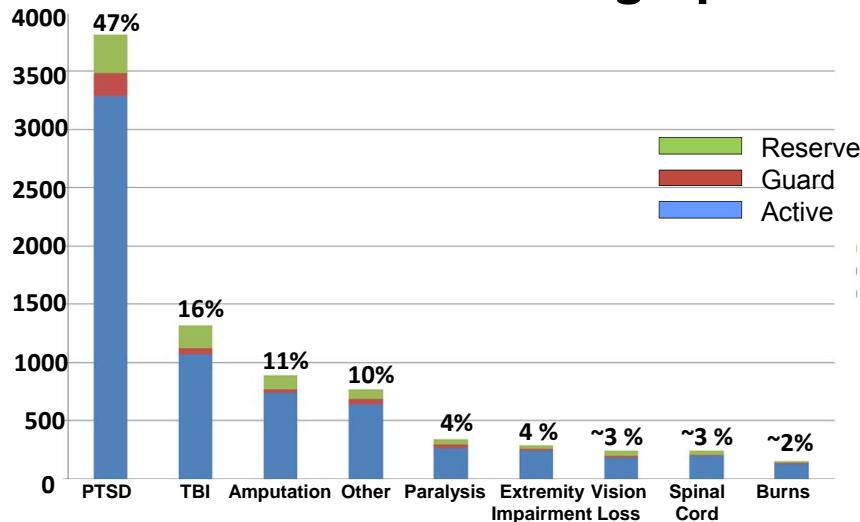
AW2 supports the most **severely wounded, ill and injured** Soldiers who have, or are expected to receive, an Army disability rating of 30 percent of greater in one or more specific categories or a combined rating of 50 percent or greater for conditions that are the result of combat or are combat-related.

AW2 Population Trend

AW2 Soldier to Advocate
Ratio: 49:1
AW2 Goal: 30:1



AW2 Soldier Demographics



Key Points

- Active Duty and Veteran Population
- Partnership with Veterans Administration
- Historically, 12% of WTs are enrolled in AW2
- Advocates OPCON and Nationwide
 - WTU
 - VA Centers
- Contact Soldiers Monthly



Triad of Assistance



- **Wounded Soldier Family Hotline (WSFH)** Offer wounded, injured and ill Soldiers and their family members a way to share concerns on the quality of patient care. To provide senior Army leaders with visibility on medically related issues so they can properly allocate resources to better serve Soldiers and their Families. **Hotline calls are received by WSFH staff 24/7 365 days at (800) 984-8523..**
- **MEDCOM Medical Assistance Group (MMAG)** Accept cases from numerous referral sources and ensure that these assistance requests are handled in a timely manner. Oversee the MEDCOM Ombudsman Program and assists Ombudsman with subject matter expertise and guidance on local case disposition.
- **MEDCOM Ombudsman Program** The Ombudsman are experienced, trained and compassionate personnel who function as a local resource to Soldiers and family members in resolving questions/issues. They are independent, neutral and impartial and report directly to the MMAG and not the local chain of command. There are currently 55 Ombudsman at 32 sites, including Europe and Puerto Rico.

Responsive Compassionate Effective



Recommendations for Senior Commanders (1 of 6)



- WTC Organizational Inspection Program
- Billeting issues that require movement of Soldiers
- Cadre ratios: Squad Leaders, Nurse Case Managers, Primary Care Managers losses/gains; within 10% of maximum population
- Number of Soldiers with length of stay greater than 365 days without a Medical Evaluation Board (MEB) started
- WTU Soldier in MEB for greater than 180 days
- MEB Soldiers vs. mandatory separation processing
- Soldiers with/without CTP initiated
- Number of Soldiers without a work program
- Unit support to work programs
- Any WTU SL/PSG not receiving special duty assignment pay

Recommendations for Senior Commanders (2 of 6)

Communications

- Town Halls
- Cadre recognition
- Warrior interviews – “Are you overmedicated?”
- Family interviews
- WTU leadership communication to Warriors
- Cadre Respite Program

Recommendations for Senior Commanders (3 of 6)

Discipline



- Warriors in Transition Military and Medical Responsibilities (WTP Policy 09-001, 8 Mar 10)
 - Regulations, UCMJ, customs and courtesies, administrative policies all apply
 - Medical instructions are orders
 - Medications
 - Illegal drugs
 - Medical Evaluation Board vs administrative separations

Recommendations for Senior Commanders (4 of 6)

Cadre Selection

Required / Preferred Military Education

- SL = WLC / ALC
- PSG = ALC / SLC
- 1SG = SLC / 1SG Course
- CC = CPT Career Course
- CSM = SGM Academy
- BN Command = CGSC/ILE

Other Requirements

- Physically fit/Pass the APFT
- Meet Body Composition IAW 600-9
- Good Military Bearing and Superior Moral and Ethical conduct

- Force Providers nominate
- Senior Commanders approve

Preferred Experience

- Prior experience in nominative positions
- Former WT
- Combat Experience
- AC/RC Assignments
- Relevant Civilian Experiences

Expertise

- Ability to lead Soldiers who possess a variety of medical, personal, and professional conditions
- Ability to mentor Soldiers, set goals, and assist with administrative issues
- Ability to responsibly & compassionately assist Families
- Ability to cope with stressful situations and lead high risk Soldiers

**WTU Personnel Assignment and Utilization Policy
All Army Activities
(Approved 31 July 2009)**

Recommendations for Senior Commanders (5 of 6)



WTU Entry Options

- Formal board with Commanding General attending
- Formal board with Commanding General representative attending
- Packet submission, Medical Treatment Facility Commander's decision, appeals to Commanding General
- Other Considerations
 - Process for expedited cases
 - Senior grade personnel
 - Reserve Components
 - Senior grade
 - Others
 - Medical Retention Processing (MRP), MRP-Extension, MRP-2



Recommendations for Senior Commanders (6 of 6)



Senior Commander WTU Walk Thru

- See the Comprehensive Transition Plan in action with Warrior and SL, Co Cdr, Bn Cdr and how they execute it
- Observe a CTP Scrimmage
- Barracks - “best available on the installation?”
- Cadre facilities are adequate; Nurse Case Manager’s office meets Hospital Insurance Portability and Accountability Act (HIPAA) privacy standards
- Pharmacy/medication controls in effect
- Bring your CSM



What we are working on



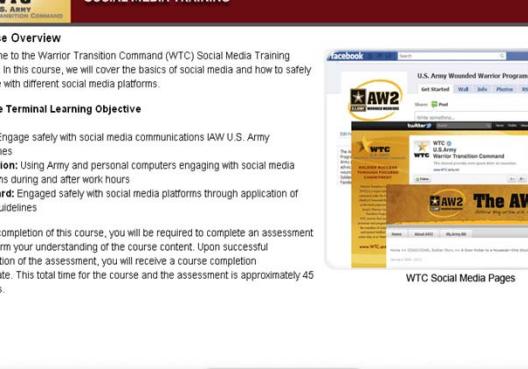
- Walter Reed BRAC/Joint Task Force Capital Medicine
- Wounded Warrior Federal Employment Conference 23-24 Feb 11
- Department of the Army Inspector General Integration Working Group
- Warrior Care and Transition Program Annual Training Conference – 11-15 April
- Warrior Games – 16-21 May
- Physical Disability Evaluation System: Weekly update to the Chief of Staff of the Army; Joint Chief of Staff Tank session; Office of the Secretary of Defense Senior Oversight committee
- Warrior Care and Transition Program collaboration with Allies
- Remote Care Realignment
- Strategic Communications



WTC StratCom Emerging Media



- **WTC communicates the Warrior Care & Transition Program to various stakeholders online:**
 - WTC/AW2 website: www.WTC.army.mil
 - WTC Blog: <http://wtc.armylive.dodlive.mil>
 - AW2 Blog: <http://aw2.armylive.dodlive.mil>
- **New on March 1:**
 - WTC Twitter: <http://twitter.com/armyWTC>
 - AW2 Facebook: <http://facebook.com/armyAW2>



SOCIAL MEDIA TRAINING

Course Overview

Welcome to the Warrior Transition Command (WTC) Social Media Training course. In this course, we will cover the basics of social media and how to safely engage with different social media platforms.

Course Terminal Learning Objective

Task: Engage safely with social media communications IAW U.S. Army guidelines

Condition: Using Army and personal computers engaging with social media platforms during and after work hours

Standard: Engaged safely with social media platforms through application of Army guidelines

At the completion of this course, you will be required to complete an assessment to confirm your understanding of the course content. Upon successful completion of the assessment, you will receive a course completion certificate. This total time for the course and the assessment is approximately 45 minutes.

U.S. Army Wounded Warrior Program (AW2)

AW2 BLOG

WTC Social Media Pages

A screenshot of the AW2 (Army Wounded Warrior) Facebook page. The cover photo features a large yellow 'AW2' logo with a star and the text 'ARMED FOR LIFE'. The timeline shows several posts from the page, including one from the US Army Wounded Warrior Program (@AW2) and another from the page itself. The sidebar on the left shows the page's information, including its location as Dover, NH, and its founding date as 2004. The sidebar also includes sections for 'Fan Page' and 'Favorite Pages'. The top navigation bar of the Facebook interface is visible, showing 'Home', 'Profile', 'Find Friends', and 'Account'.

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SEARCH



WTC
U.S. ARMY
WARRIOR TRANSITION COMMAND

SOLDIER SUCCESS THROUGH FOCUSED COMMITMENT

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WARRIOR TRANSITION COMMAND

The Warrior Transition Command:

- Serves as the lead proponent for the Army's Warrior Care and Transition Program
- Ensures that non-clinical processes and programs that support wounded, ill, and injured Soldiers are integrated and optimized throughout the Army
- Supports the Army's commitment to the rehabilitation and successful transition of wounded, ill, and injured Soldiers back to active duty or to Veteran status

Transition Options

The Warrior Transition Command is committed to helping Warriors in Transition heal, rehabilitate, and reintegrate, either back to duty or into their civilian communities as productive citizens. [Read More](#)

2011 Warrior Games

The Second Annual Warrior Games, to be held in Colorado Springs May 16-21, 2011 is expected to draw 200 wounded warrior athletes from all services. The Army team is planning to show strong and claim the Chairman's Cup at this year's event. [Read More](#)

Hire a Wounded Warrior

Finding federal and civilian career and employment opportunities is critical to the success of Warriors in Transition who will not be able to return to active service. Soldiers are well-trained, disciplined professionals that become an asset to their civilian employers. WTC is available to intern with federal and military agencies during their recovery; and those separating from the Army are looking for productive employment opportunities. [Read More](#)



LTC Daley Duker (left), commander of the 10th Mountain Division's 1st Battalion, 10th Mountain Division, and **McChors** (right), sit sets at the **Wounded Warrior Sports Program camp**.

SOCIAL MEDIA

 [Read the WTC Blog](#)

 [Follow WTC on Twitter](#)

 [Read the AWG Blog](#)

 [Visit AWG on Facebook](#)





WTO LINKS



AbilityOne
[Contractor Information](#) | [WTO Benefits](#)
[Defense Centers of Excellence](#) | [JAG Outreach Center](#)
[MedVet](#) | [Veteran Referral Forum](#) | [KMO Log-in Required](#)
[National Resource Directory](#)
[U.S. Department of Veterans Affairs Benefits](#)
[Defense and Veterans Brain Injury Center](#)

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SoldierW2

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[Warrior Evaluation Boards](#) and [Police Evaluation Boards](#)

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WTU

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Programs

CTP

AW2

EII

EII - For Employers

Warrior Care Month

Warrior Transition Command

Command Staff

WTU

WTU Locations

Programs

CTP

AW2

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EII - For Employers

Warrior Care Month

AW2

AW2 Advocates

Lifetime

AWC Community

AWC Individuals

National Resource

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“Never Leave a Fallen Comrade!”

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Take Aways



- Army program to care for our wounded, ill, and injured Soldiers is excellent....but not perfect
- The Army is beyond infrastructure improvements and cadre ratios – we inspire Soldiers toward a positive and productive future, defeating any wound, illness, or injury that stands in their way
- Every Soldier has his/her own unique set of challenges
- Early involvement and investment of Families is critical
- We cannot do enough for the Families of our wounded, ill and injured Soldiers



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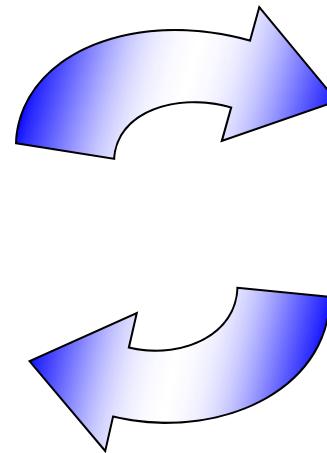
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